



2015 TREASURE OUR TREES PROGRAM APPLICATION

Instructions: Please complete this entire application and supply verification on income.

Application Number (office use only) :			
Date:			
Full name of the primary applicant:			
Property Address:		City, State, Zip:	
Home Phone:		Cell Phone:	
Work Phone:		Email :	

Complete the following information about each tree for which you are asking help assistance

<i>Species</i>	<i>Diameter of trunk</i>	<i>Safety issue? If so, removal or pruning?</i>	<i>Boundary tree?</i>	<i>Do you own the tree?</i>	<i>High or low work?</i>	<i>Broken branch?</i>	<i>Back yard or front yard?</i>

NOTE: Tree(s) must be on your property. We will not prune a tree on your neighbor's property or on city right-of-way or open space.

PLEASE ATTACH PHOTOS OF TREES

Please complete the following information for all household residents over the age of 18. Use a separate sheet if necessary.

Employment Information for Primary Applicant:		
Household member's name:		
Employer's name:		
Employed for how long:	Address:	
Occupation:	Monthly salary:	

Employment Information for Applicant # 2:		
Household member's name:		
Employer's name:		
Employed for how long:	Address:	
Occupation:	Monthly salary:	

***Other income information for all household members (including those under 18):
Social Security, Welfare, Retirement, Veteran, Rental Property, Child Support, or other Income:***

Source: _____ Monthly amount: _____

Source: _____ Monthly amount: _____

Source: _____ Monthly amount: _____

Savings Bonds and other Securities: _____ Monto mensual: _____

Office use only	
Annual Income _____	%AMI _____
Date approve/disapproved: _____	
Referred to: _____	
Date work completed: _____	

CERTIFICATION OF APPLICANT(S)

It is our policy to verify all information contained in this application. Please read the following carefully and in acknowledgement of this policy, please sign your name(s) and date where indicated.

I/We certify the following:

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief.
- I/We are aware that any misrepresentation will result in the forfeiture of my/our right to participate in the City of Longmont Treasure Our Trees program and may result in legal action against me/us.
- I/We understand that completion of this application does not guarantee that my/our eligibility for the City of Longmont Treasure Our Trees program.
- My/Our signature below indicates that I/we have read, understood, and agree to all statements on this application. I/We also agree, on behalf of all who stand in my/our stead that the City of Longmont will not be held liable for any injury or expense incurred by me/us while participating in this program.

_____	_____	_____	_____
Signature	Date	Signature	Date

Equal Opportunity: In accordance with the provisions of the Equal Opportunity Act and the City of Longmont Programs' policies, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion or handicap. For more information, please contact the City of Longmont Treasure Our Trees Program at 303.651.8444. Spanish translation is available. TDD service for those individuals with hearing and speech disabilities is available through Colorado Relay Service at 1-800-659-3656.

Confidentiality: All personal and identifying information on an application remains fully confidential.

Please submit your application via e-mail at susan.spaulding@longmontcolorado.gov, in person or mail it to Community and Neighborhood Resources, Attn: Susan Spaulding, 350 Kimbark St., Longmont, CO 80501, you may also fax to 303-651-8799.